

Express Mail No.:

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ER 066751742

08/27/2003

AUG 27 2003

PTO/SB/17 (10-02)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1,680

## Complete if Known

Application Number 09/270.128

Filing Date 03/16/1999

First Named Inventor Thomas R. Miller

Examiner Name K. Thangavelu

Art Unit 2123

Attorney Docket No. 94.0016

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AUG 29 2003

Technology Center 2100

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None☒ Deposit Account:Deposit Account Number  
Deposit Account Name

07-1078

Schlumberger Information Solutions

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) 0

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	** =	X	= \$0
Multiple Dependent	** =	X	= \$0

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	930
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	750
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 1,680

## SUBMITTED BY

Name (Print/Type)

Danita J.M. Maseles

Registration No.  
(Attorney/Agent)

33,419

(Complete if applicable)

Telephone (713) 513-2515

Signature

Date

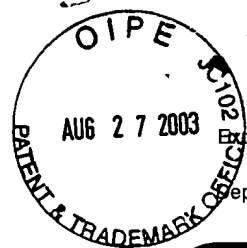
08/27/2003

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Commissioner for Patents

PO Box 1450, Alexandria, VA 22313-1450

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08-28-03

RCE/27-03

Express Mail No. ER 066751742 US

Deposited on: 08/27/2003

PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/270,128
	Filing Date	03/16/1999
	First Named Inventor	Thomas R. Miller
	Group Art Unit	2123
	Examiner Name	K. Thangavelu
Total Number of Pages in This Submission	Attorney Docket Number	94.0016

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AUG 29 2003

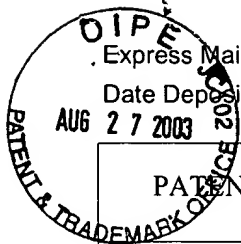
Technology Center 2100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	See remarks below:
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	1. Transmittal Form (1 page); 2. Fee Transmittal Form (1 page); 3. Fee Determination Record (1 page); 4. Request for Continued Examination (1 page); 5. Petition for Extension of Time (1 page); 6. Amendment and Response to the Office Action dated 03/03/2003 (31 pages); 7. Substitute Specification (61 pages);	8. Postcard.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Danita J.M. Maseles Schlumberger Information Solutions, 5599 San Felipe, Suite 1700, Houston, Texas 7706
Signature	
Date	August 27, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail or U.S. Express mail no. ER 066751742 US in an envelope addressed to the address below on this date: 08/27/2003			
Typed or printed name	Danita J.M. Maseles, Reg. No. 33,419		
Signature		Date	August 27, 2003

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PTO/SB/06 (08-00)  
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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/270,128 94.0016

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0

RATE	FEE
	\$ 0
x \$ 9 =	
x 42 =	0
+ 140 =	0
TOTAL	0

RATE	FEE
	\$ 0
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL	0

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	** 20	= 0
	Independent (37 CFR 1.16(b))	*	Minus	*** 3	= 0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL ADDIT. FEE	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL ADDIT. FEE	0

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

ADDIT. FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ 140 =	0
TOTAL ADDIT. FEE	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL ADDIT. FEE	0

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

ADDIT. FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 27	Minus	** 27	=
	Independent (37 CFR 1.16(b))	* 8	Minus	*** 8	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$ 9 =	0
x 42 =	0
+ =	0
TOTAL ADDIT. FEE	0

RATE	ADDI- TIONAL FEE
x \$ 18 =	0
x 84 =	0
+ 280 =	0
TOTAL ADDIT. FEE	0

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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Alexandria, VA 22313-1450